

**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

34  
ENTERED APR 17 2008

Received By

APR 17 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 104274

Last four digits of Social Security number

|||||

Philip Michael Harrison

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Philip Harrison  
Signature

4/14, 2008  
Date

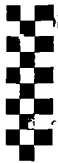
### 4. Postmark Deadline

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*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



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Cadence Employee ID # 104274

Last four digits of Social Security number

\_\_\_\_\_

\_\_\_\_\_

||||| Philip Michael Harrison

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

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Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*[Handwritten signature]*

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Philip Harrison

Signature

4/14

Date

, 2008

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Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 13 2008

Settlement Services, Inc.

### 5. Questions?

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<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

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**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 21 2008  
 Received By  
 APR 21 2008  
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**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 105677

Last four digits of Social Security number

|||||||  
 Barbara J. Hatherill

80

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

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MA

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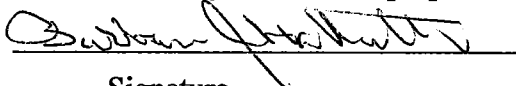
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3. I wish to receive my share of the proposed Settlement.

  
Signature

10 April, 2008  
Date

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*Higazi v. Cadence Class Action Settlement Administrator*  
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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.





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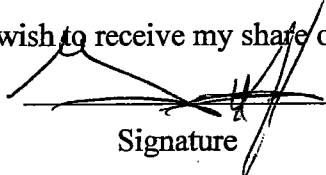
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3. I wish to receive my share of the proposed Settlement.

  
Signature

APR 24 8  
4-8-08, 2008  
Date

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MAY 09 2008

Settlement Services, Inc.

107  
ENTERED MAY 12 2008**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 115401

Last four digits of Social Security number

|||||  
Allen P Haves 26

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

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Dates of Employment		
State(s) Where You Worked	Start Date	End Date

NY

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Allen P. Hayes  
Signature

5/5/08, 2008  
Date

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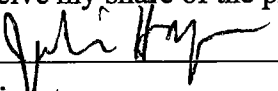
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\_\_\_\_\_  
Signature

April 7, 2008  
\_\_\_\_\_  
Date

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JUN 02 2008

Settlement Services

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 70869

Last four digits of Social Security number

|||||

Adele A. Healy

128

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

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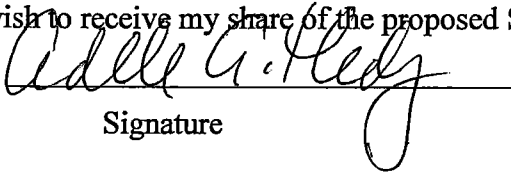
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Cadence Employee ID # 107671

Last four digits of Social Security number

\_\_\_\_\_  
 \_\_\_\_\_

|||||  
 Poonam G. Hemrajani 170

\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is \$\_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

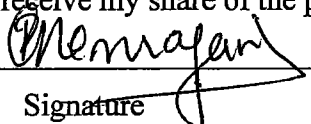
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

3rd May, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

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**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
 MAY 12 2008  
 Settlement Services, Inc.

**ENTERED MAY 12 2008**

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 100065

Last four digits of Social Security number

\_\_\_\_\_  
 \_\_\_\_\_

|||||Gregory Hicks

154

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_  
 \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

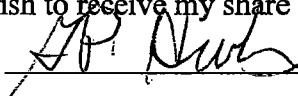
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

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**Higazi v. Cadence Design Systems, Inc.**  
 Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** MAY 16 2008

Received By  
 MAY 16 2008  
 Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 102692

Last four digits of Social Security number

|||||  
 Ahmed M. Higazi

196

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

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Based on this information, your estimated Settlement Share is \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

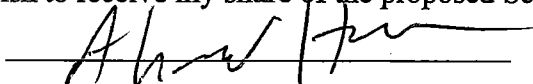
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

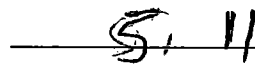
**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



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**Higazi v. Cadence Design Systems, Inc.**  
 Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** MAY 13 2008

**Received By**  
 MAY 13 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 102692 \_\_\_\_\_  
 Last four digits of Social Security number \_\_\_\_\_

Abmed M. Higazi 196

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): \_\_\_\_\_  
 Telephone number (evening) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*Handwritten signature*

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

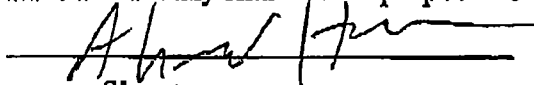
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

5.11, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

ENTERED

JUN 02 2008

*Higazi v. Cadence Design Systems, Inc.*

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 02 2008

Settlement Services, Inc.

ENTERED

JUN 02 2008

### CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

#### 1. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 112362

Last four digits of Social Security number.

Clark J. Hill

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

#### 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

TX

*Handwritten signature*

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Clark F. Hill  
Signature

5/30, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.** 112  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
**MAY 12 2008**  
 Settlement Services, Inc.

**ENTERED MAY 12 2008**

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112150

Last four digits of Social Security number

|||||  
 Edward A. Hirsch

127

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

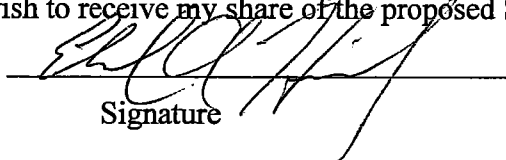
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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

4-21, 2008  
Date

### 4. Postmark Deadline

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*Higazi v. Cadence* Class Action Settlement Administrator  
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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 21 2008

Settlement Services, Inc.

ENTERED APR 21 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 201745

Last four digits of Social Security number



Ernest Sc Ho

113

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.


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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

4/15, 2008  
\_\_\_\_\_  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

4/15, 2008  
Date

**4. Postmark Deadline**

Your Claim Form must be **POSTMARKED or DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 16 2008

Settlement Services, Inc.

ENTERED APR 17 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 201745

Last four digits of Social Security number

Ernest Sc Ho

113

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

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 2



Based on this information, your estimated Settlement Share is [redacted]. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my share of the proposed Settlement.

  
Signature

4/15/2008  
Date

**4. Postmark Deadline**

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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

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Received By

MAY 06 2008

Settlement Services, Inc.

ENTERED MAY 06 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108961

Last four digits of Social Security number



Liken Hogo

142

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

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2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

*Jihen Hago*  
Signature

*May 4*, 2008  
Date

### 4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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04 08 12:42p

James Holm

503 352 9720

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ENTERED JUN 05 2008

Received By

JUN 04 2008

Settlement Services, Inc.

**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

## CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### 1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111090

Last four digits of Social Security number

||||| James Holm

James Holm

~~88~~

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

OR

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

James Holm  
Signature

06/04, 2008  
Date

**4. Postmark Deadline**

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Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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ENTERED APR 14 2008  
Received By  
APR 14 2008  
Settlement Services

1 of 2  
Claim Form

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

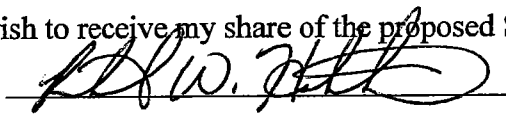
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3. I wish to receive my share of the proposed Settlement.

  
Signature

4/10, 2008  
Date

### 4. Postmark Deadline

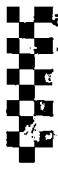
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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED JUN 05 2008**  
**Received By**  
**JUN 04 2008**  
Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112396 \_\_\_\_\_  
Last four digits of Social Security number \_\_\_\_\_

|||||  
Raju Ilango 31 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): \_\_\_\_\_  
Telephone number (evening) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

UT

*nyf*

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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I declare under penalty of perjury under the laws of the United States that:

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3. I wish to receive my share of the proposed Settlement.

J. Lip  
Signature

06/03 /, 2008  
Date

**4. Postmark Deadline**

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Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** JUN 05 2008  
**Received By**  
JUN 04 2008  
Settlement Services, Inc.

**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112396

Last four digits of Social Security number

\_\_\_\_\_

|||||  
Raju Ilango

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

UT

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

J. Lopez  
Signature

06/03 /, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED MAY 28 2008****Received By****MAY 27 2008**

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111222

Last four digits of Social Security number

|||||  
Suzie Im 57

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

JH

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

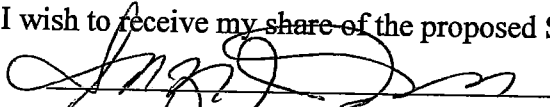
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 20, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
**MAY 08 2008**  
Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106540

Last four digits of Social Security number

\_\_\_\_\_  
\_\_\_\_\_

|||||  
Marie Jacobson-Roark

136

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA



Based on this information, your estimated Settlement Share is \$ . . . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

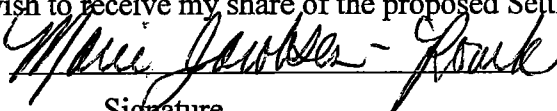
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

, 2008  
Date

### 4. Postmark Deadline

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*Higazi v. Cadence* Class Action Settlement Administrator  
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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 09 2008

Settlement Services, Inc.

108  
ENTERED MAY 12 2008**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 118433

Last four digits of Social Security number:

|||||

Michael S. Jones

138

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

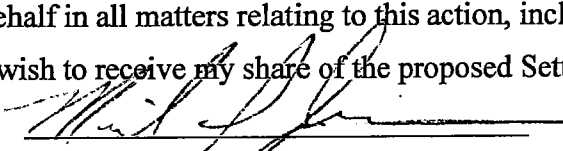
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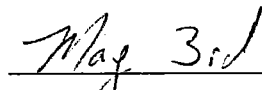
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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 MAY 12 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 7693

Last four digits of Social Security number

|||||  
 Beatrice K. Kajiko

151

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

*JB*

Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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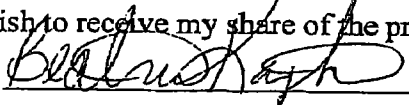
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3. I wish to receive my share of the proposed Settlement.

  
Signature

5/12/08, 2008  
Date

### 4. Postmark Deadline

Your Claim Form must be **POSTMARKED** or **DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
MAY 12 2008  
Settlement Services, Inc

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.





Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

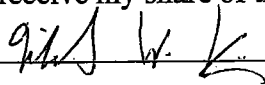
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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my share of the proposed Settlement.

  
Signature

APR 17, 2008  
Date

### 4. Postmark Deadline

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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED MAY 06 2008****Received By****MAY 05 2008**

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109362

Last four digits of Social Security number

|||||

David F King

141

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

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Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

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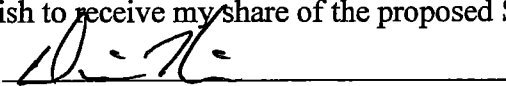
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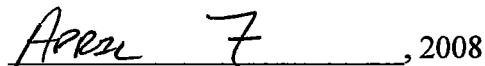
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I declare under penalty of perjury under the laws of the United States that:

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3. I wish to receive my share of the proposed Settlement.



Signature

 2008

Date

### 4. Postmark Deadline

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Tel.: (866)854-6044 Fax: (850)385-6008

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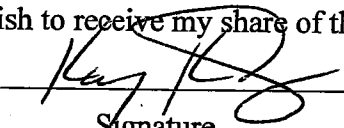
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 27, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
APR 18 2008  
Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 109760

Last four digits of Social Security number

|||||  
Gabriel H. Knight

106

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*Handwritten signature*

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

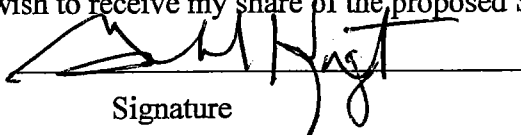
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

6/15, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 16 2008

Settlement Services, Inc.

ENTERED APR 16 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110091

Last four digits of Social Security number



Kelon D. Knowlton

78

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

UT

PA

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

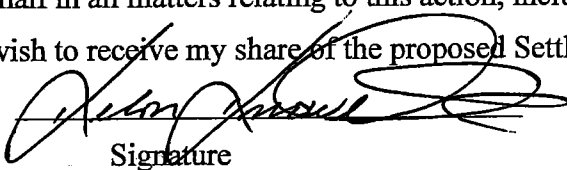
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

4/10, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

86

Received By

MAY 06 2008

Settlement Services, Inc.

**ENTERED MAY 06 2008****CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112426

Last four digits of Social Security number

|||||

Rangeshwara R. Kona 181

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

TX

UT

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

H. H. Healy  
Signature

May 2<sup>nd</sup>, 2008  
Date

### 4. Postmark Deadline.

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**  
Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
MAY 02 2008  
Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112426

Last four digits of Social Security number

|||||  
Rangeshwara R. Kona

181

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

TX

UT

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

W. A. Kelly  
Signature

May 2nd, 2008  
Date

**4. Postmark Deadline:**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabaser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.





Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

B. Deena Sam

Signature

05/21/

Date

, 2008

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

Received By

JUN 03 2008

**Settlement Services, Inc.**

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED JUN 04 2008

**NOTE:** Please read the enclosed “Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing” (the “Class Notice”) before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Please review and, if necessary, correct on the line to the right your contact information:

**Cadence Employee ID # 111699**

Last four digits of Social Security number

**Herrn/Herrchen/Frau/Fräulein**

**Syama Sundara Konduri**

8

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

[illegible]

CA

UT

TX



Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

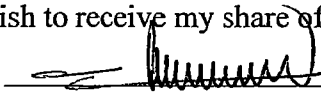
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

04/27/2008, 2008  
\_\_\_\_\_  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
 MAY 05 2008  
 Settlement Services, Inc.

**ENTERED MAY 06 2008**

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111699

Last four digits of Social Security number

||||| Syama Sundara Konduru

8

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA  
 UT  
 TX

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

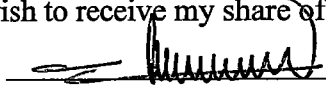
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

04/27/2008, 2008  
\_\_\_\_\_  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111699

Last four digits of Social Security number

|||||  
Syama Sundara Konduru 8

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

UT

TX

Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

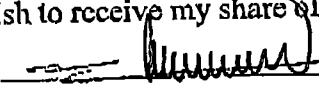
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**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

04/27/2008, 2008  
\_\_\_\_\_  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



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**Higazi v. Cadence Design Systems, Inc.** ENTERED MAY 19 2008  
 Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 MAY 19 2008  
 Settlement Services, Inc.

## CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### 1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 1257

Last four digits of Social Security number

|||||  
 Bruce T. Krasinski 34

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

TH JP

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

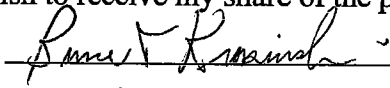
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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 12, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Michael Krause

Signature

4/21, 2008

Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**RECEIVED BY**  
**APR 28 2008**  
**SSI**

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106471

Last four digits of Social Security number

|||||  
Michael P. Krause 115

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

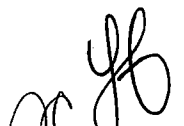
E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA



Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

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3. I wish to receive my share of the proposed Settlement.

Michael Krause

Signature

4/21, 2008

Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

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<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 16 2008

Received By  
MAY 16 2008  
Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a **Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 104932

Last four digits of Social Security number

|||||  
Santosh Kulkarni

50

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

JH YB

Members participate and submit valid claims, and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

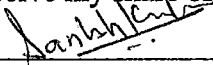
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3. I wish to receive my share of the proposed Settlement.

  
Signature

06/24/2008, 2008  
Date

### 4. Postmark Deadline

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Tel.: (866)854-6044 Fax: (850)385-6008

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